

**TRANSFER OF RESPONSIBILITY FOR COMMISSIONING HEALTH VISITING AND
FAMILY NURSE PARTNERSHIP TO CAMBRIDGESHIRE COUNTY COUNCIL**

To: Health Committee

Meeting Date: 17th December 2015

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: *Key decision:* No

Purpose: To inform the committee of the main issues relating to responsibility for public health commissioning for children aged 0-5.

Recommendation: The Committee is asked:

To receive and comment on this briefing on the current commissioning responsibility of health visiting to Cambridgeshire County Council.

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1. BACKGROUND

- 1.1 A paper was taken to Health Committee on 20 November 2014 which briefed the Committee on the transfer of commissioning responsibility on 1 October 2015 under the Health and Social Care Act (2012), for two services for families with babies and children aged 0-5: Health Visiting and Family Nurse Partnership (FNP). An update was brought to the Health Committee on 12 March 2015 and novation of the contract agreed.
- 1.2 The transfer of both of these services was completed on 1 October 2015. This completes the transfer of commissioning responsibility for public health services for children and young people aged 0-19; commissioning responsibility for school nursing having transferred in April 2013. It is only the responsibility for commissioning services which has transferred, health visiting staff and family nurses continue to be employed by the existing provider, Cambridgeshire Community Services NHS Trust (CCS).
- 1.3 The Health Visiting Service is a workforce of specialist community public health nurses who provide expert advice, support and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. Health visitors lead the delivery of the 0-5 Healthy Child Programme, the evidence-based, preventive, universal-progressive service for children in the early years of life.
- 1.4 There is strong evidence that ensuring a good start in life for all is vital for reducing future health inequalities. A range of documents about the 'High Impact Areas' has been developed to show where health visitors have a significant impact on health and improving health outcomes. These are:
 - Transition to Parenthood and the Early Weeks
 - Maternal Mental Health (Perinatal Depression)
 - Breastfeeding (Initiation and Duration)
 - Healthy Weight, Healthy Nutrition (to include Physical Activity)
 - Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
 - Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'
- 1.5 The Health Visiting Service is central to delivering public health outcomes for children, including readiness for school, which has been identified as a key priority for Cambridgeshire for families who are eligible for free-school meals and pupil premium.
- 1.6 The service uses a national service specification whereby specific elements of service provision are mandated for the first 18 months to ensure that there is universal coverage to a national standard format. These are:
 - Antenatal health promoting visits
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2 to 2¹/₂ year review

The intention nationally, however, is that these measures do not undermine the provision of a comprehensive and seamless service which is both universal but also provides more targeted input where this is needed. This includes working with partners across the children's agenda. Health visitors work closely with many early years' services, including GPs and Children's Centres.

- 1.7 In 2011 the Department of Health published its 'Health Visitor Implementation Plan 2011-15: A Call to Action', which gave a commitment to increase the number of health visitors across the country to 4,200 by 2015.
- 1.8 Family Nurse Partnership (FNP) is a preventive home visiting programme for first time teenage parents and their babies. It provides intensive, structured, one to one support from the same family nurse from early pregnancy to age two. The programme aims to improve pregnancy outcomes, improve child health and development and improve parent's economic self-sufficiency.

2. MAIN ISSUES

2.1 Joint Commissioning Oversight

Joint commissioning arrangements already exist between Cambridgeshire County Council, Peterborough City Council, and Cambridgeshire and Peterborough Clinical Commissioning Group in the form of the Cambridgeshire and Peterborough Children's Health Joint Commissioning Unit (JCU). Strategic oversight by the Cambridgeshire Children's Health Joint Commissioning Board (CHJCB) aims to ensure a link with other 0-5 services and GP services to improve outcomes for children and families, particularly the most vulnerable. These aligned commissioning arrangements were set up to reduce the risk of fragmenting the commissioning of services for children and young people.

2.2 Current performance and monitoring of outcomes

The JCU holds Quarterly Joint performance monitoring meetings for Health Visiting, School Nursing, Specialist school nursing, and Specialist Children's services, and also includes performance information about Early support, Children's centres and the Family Nurse Partnership to give a fuller picture. This is in addition to monthly contract meetings with CCS. These meetings allow a single conversation with the provider about overall performance as well as fostering a dialogue and discussion about how services and staff can work more effectively together and lessons can be learned and shared.

- 2.3 Currently in Cambridgeshire, most of the mandated activities are being delivered universally and performance against expected % completion levels has been improving. The antenatal health promoting visits are only being offered in a targeted way currently. The provider continues to work to extend this to a universal service.
- 2.4 Cambridgeshire Community Services is currently working internally towards redesigning their service to establish an integrated 0-19 years Healthy Child programme across Cambridgeshire, which brings together health visiting and school nursing. Their aim is to "create seamless, holistic services which wrap around children and families and ensure the best outcomes". They are requesting feedback and input from the lead Public Health Consultant as Commissioner and also working with Children's Centres to develop better

working relationships and closely aligned services.

2.5 Services at the Boundary of other local authorities

As commissioning of services moved on 1st October from a service for a GP registered population to a resident population, there are a number of boundary areas where health visiting services were previously commissioned by a different provider. CCS has seven local providers which border their boundary. Approximately 1,400 children live in Cambridgeshire but are registered with a bordering Local Authority GP, and approximately 500 children who are registered in Cambridgeshire reside outside of the county. 600 children in the Stanground area now fall within commissioning responsibility of Peterborough, but will continue to receive services from CCS. A local task group is in place to review any issues around transfer of services at these boundaries and to ensure that no children or families are missed or adversely affected. Mechanisms are in place for reporting of data as the population denominator changes from registered to resident and data is submitted nationally to Public Health England.

2.6 Future 0-19 services

Discussions are underway to consider options for the future procurement of the Healthy Child programme for 0-5 and 5-19 (0-19 pathway) for Cambridgeshire. The current contract expires on 21st March 2017. Work is being undertaken to perform an options appraisal reviewing relevant children's services across Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group. The aim is to identify opportunities to commission integrated services for children and families that reduce health inequalities and promote better outcomes. Proposals for reductions in the Children's Centre offer as part of the Council's business planning proposals also need consideration, with an opportunity to consider how Children's Centres and other early help services work with what have traditionally been seen as 'health' services, and to make sure that there is no duplication and services are targeted on those with the highest needs. As such, it is proposed that a revised service offer for families will be developed in conjunction with children's health services but this is likely to be from a significantly reduced resource base.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Ensuring effective commissioning of 0-5 services will ensure a good start for all. This will result in greater school readiness, with implications for future education and employment.

3.2 Helping people live healthy and independent lives

There is a large amount of evidence for the importance of the early years on future physical, emotional and economic health.

3.3 Supporting and protecting vulnerable people

As a universal service, with progressive interventions for more vulnerable families, the health visiting service works in partnership with other services in the early years to meet the needs of these families. Family Nurse Partnership

is a service particularly targeted at families at risk of poorer outcomes.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The budget for 0-5 public health services transferred to the Local Authority from NHS England. There is a potential pressure on this budget in light of national reductions to the public health grant. Providers are aware that there may be financial implications for the services. . The Cambridgeshire and Peterborough Children's Health Joint Commissioning Unit will work closely with providers to achieve required savings and minimise impact on services. Joint commissioning arrangements will ensure alignment of the health visiting/ FNP function with other early years services.

4.2 Statutory, Risk and Legal Implications

In the context of this paper, mandation means a public health step prescribed in regulations as one that all Local authorities must take. The regulations are made under section 6C of the NHS Act 2006.

4.3 Equality and Diversity Implications

As described above, public health services for 0-5 have the potential to reduce inequalities in outcomes for families through the delivery of the Health Child Programme 0-5.

4.4 Engagement and Consultation Implications

The joint commissioning arrangements aim to ensure that children, young people and their families are part of the commissioning and contract monitoring process to deliver improved service user experience and outcomes.

4.5 Localism and Local Member Involvement

Health visitors have a role, in the 'Call to Action' model, in leading work to build community capacity in improving health.

4.6 Public Health Implications

The importance of health visiting and FNP in reducing inequalities and ensuring the best start in life are outlined in the main text of this paper.

Source Documents	Location
<p>Securing Excellence In Commissioning For Healthy Child Programme 0-5 Years 2013 – 2015. NHS England (2013)</p>	<p>http://www.england.nhs.uk/wp-content/uploads/2013/08/comm-health-child-prog.pdf</p>
<p>Health Visiting Implementation Plan 2011-2015. <i>A call to action</i>. Department of Health 2011</p>	<p>https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015</p>
<p>Healthy Child Programme: Pregnancy and the first 5 years of life. Department of Health 2009</p>	<p>https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</p>
<p>Transfer of 0-5 children's public health commissioning to local authorities. Factsheet: Commissioning the national Healthy Child Programme – mandate to ensure universal prevention, protection and health promotion services.</p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347047/Mandation_factsheet_final_22-8-14.pdf</p>
<p>Transfer of 0-5 children's public health commissioning to local authorities. Factsheet: Finance issues</p>	<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359471/Finance_Principles_Factsheet.pdf</p>
<p>Overview of the Six Early Years High Impact Areas</p>	<p>https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children</p>
<p>Cambridgeshire Annual Public Health Report (2014-2015)</p>	<p>http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/536/public_health</p>